

MONTANA URBAN & COMMUNITY FORESTRY GRANT PROJECT REPORT FORM

Community: reaera	I Tax Identification Number:
Grant Program Requesting Payment For (i.e., Arbor Day, Tree	e City USA, Program Development or Tree Planting and Care):
Payment Mailing Address:	
Total Reimbursement Amount Requested (all receipts must	be included):
Total Matching Amount Claimed (all receipts must be inclu	ded):
Total number of volunteers involved in all aspects of the pro	pject
Estimated total volunteer hours	
Notes:	

REPORTING INFORMATION!!!

Arbor Day & Tree City USA Grants require a 35% match in addition to the grant amount.

(Example: \$400 grant award x 35% match requirement = \$140 match).

Program Development and Tree Planting & Care Grants require a 100% match in addition to the grant amount.

(Example: \$1000 grant award x 100% match requirement = \$1000 match).

Receipts/invoices are required for all reimbursable and matching expenses claimed.

As per the Grant Agreement, communities will be reimbursed for actual costs <u>not</u> to exceed the grant amount. If receipts total more than the specified grant amount, the community will be responsible for all additional costs.

Project Expense	Quantity/Hourly Rate or Piece Rate	Grant Fund Requested	Cash	Donated or In- kind Service	In-kind	Total
TOTAL						

Please mail this report and all receipts to:

Community:	Federal Tax Identification Number:	
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Project Expense	Quantity/Hourly Rate or Piece Rate	Grant Fund Requested	Cash	Donated or In- kind Service	In-kind	Total
		-				
TOTAL						